FEE TRANSMITTAL for FY 2005				_ Complete if Known						
								0/671,327		
				Filing Date		September 25, 2003				
				First Named Inventor		William L. Hunter		-		
8/				Examiner Na	ame	Edward J. V	Vebman			
Accident claims s	Art Unit		1616							
TOTAL AMOUNT O	Attorney Docket No. 110129.405C3									
METHOD OF PAYM										
		Money Order		(please identify						
Deposit Account	•	count Number		Deposit Acco			-	<u>.LC</u>		
For the above-id			_	ereby authonze				s filing foo		
= -	(s) indicated be additional fee			Charge lee(s						
	nder 37 CFR 1.		ayments į	A Charge any	underpayn	nents of creat	t arry ove	грауттеттэ		
Warning: Information of information and authoric	on this form may	become public	c. Credit card in	formation should	d not be inclu	uded on this for	m. Provide	e credit card		
FEE CALCULATION	ı									
1. BASIC FILING, S	EARCH, AND	EXAMINATI	ON FEES							
FILING FEES SEA			SEARC	H FEES		INATION				
FILING FEES			32, 1110		F	EES				
		Small Entity	¥	Small Entity		<u>Small</u> Entity				
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	<u>Fee</u>	es Paid (\$)		
Jtility	300	150	500	250	200	100				
esign	200	100	100	50	130	65				
Provisional	200	100	0	0	0	0				
2. EXCESS CLAIM	FEES							Small Entity		
ee Description						<u> </u>	Fee (\$)	<u>Fee (\$)</u>		
Each claim over 20 (ir				50	25					
Each independent cla	im over 3 (includ	ding Reissues)				200	100		
Multiple dependent cla	aims						360	180		
<u> Fotal Claims</u>	Extra Clai	<u>ms</u> <u>F</u>	ee (\$)	Fee Paid (\$)		Multiple Dependent Claims		ent Claims		
20 or HP	=	· X	=			Fee (\$)	<u>F</u>	<u>ee Paid (\$)</u>		
HP = highest numbe	r of total claims	paid for, if g	reater than 20							
ndep. Claims	Extra Clai	ms <u>F</u>	ee (\$)	Fee Paid	<u>(\$)</u>					
-3 or HP	=	X	=							
HP = highest numbe	r of independer	nt claims paid	I for, if greater	than 3						
B. APPLICATION S	IZE FEE									
f the specification ar under 37 CFR 1.52(ethereof. See 35 U.S	e)) the applicati	on size fee d	ue is \$250 (\$1	excluding elect 25 for small er	tronically fil ntity) for ea	ed sequence ch additional	or compu 50 sheets	iter listings or fraction		
Total Sheets	Extra Sheet			dditional 50 o	r fraction	thereof Fe	e (\$)	Fee Paid (\$)		
-100 =				to a whole nu		х				
4. OTHER FEE(S)	 .				•		<u> </u>	Fees Paid (\$)		
Non-English Specific	ation, \$130 fee	(no small en	tity discount)				_			
Other (e.g., late filing		•	-					1,020		
SUBMITTED BY	Λ -									
Signature	Olm 1	<		stration No. rney/Agent)	53,937	Telephone	206-62	2-4900		
Name (Print/Type)	Qing Lin, Ph.	D.				Date	Decem	ber 6, 2005		

DEC OF 2005 DE

ETI	TION FOR EXTENSION OF TIME UNDE	Docket Number 110129.405C3							
	FY 2005 ees pursuant to the Consolidated Appropriations								
-	cation Number 10/671,327	Filed September 25, 2003							
	COMPOSITIONS AND METHODS FOR TREA SAGEWAYS	TING OR PREV	ENTING DI	SEASES	S OF BODY				
Art U 1616	nit			Examin	er I J. Webman				
	nis is a request under the provisions of 37 CFR ply in the above identified application.	1.136(a) to exte	end the peri	od for fili	ng a				
	ne requested extension and fee are as follows e below):	(check time peri	od desired a	and ente	r the appropriate				
	·	<u>Fee</u>	Small E	ntity Fee					
	One month (37 CFR 1.17(a)(1))	\$120	\$6	60	\$				
	Two months (37 CFR 1.17(a)(2))	\$450	\$2	25	\$				
	x Three months (37 CFR 1.17(a)(3))	\$1020	\$5	10	\$ <u>1,020</u>				
	Four months (37 CFR 1.17(a)(4))	\$1590	\$7	95	\$				
	Five months (37 CFR 1.17(a)(5))	\$2160	\$10	080	\$				
	Applicant claims small entity status. See 37 (CFR ₁ 1.27 ₄₇ ,007	OAAE NTEGGE	H4 AAAAA	NAL 18671797				
×	A check in the amount of the fee is enclosed.			ut ooooo	1020.00 OP				
	Payment by credit card. Form PTO-2038 is attached.								
	The Director has already been authorized to	charge fees in th	nis						
П	application to a Deposit Account. The Director is hereby authorized to charge a	nv fees which m	nav be requi	ired					
ш	The Director is hereby authorized to charge any fees which may be required or credit any overpayment, to Deposit Account Number 19-1090. I have enclosed a								
	duplicate copy of this sheet.								
	WARNING: Information on this form may become included on this form. Provide credit card information of the control of the cont								
l o	m the ∏ applicant/inventor.								
ıa		-4 C 27 CED	2 74						
	☐ assignee of record of the entire interests. Statement under 37 CFR 3.73(b) is			6).					
	X attorney or agent of record. Registrat	•	, 0, 0 = , 0	-,.					
	attorney or agent under 37 CFR 1.34.								
	Registration number if acting under 3								
	(1)								
	1 Uly V	. !		Decemb	er 6, 2005				
	Signature		Date						
	Qing Lin, Ph.D.		206-622-4900						
	Typed or printed name			one Nur					
NOTE	 Signatures of all the inventors or assignees of received. 	ord of the entire in	terest or their	represen	itative(s) are required				

NOTE: Signatures of all the inventors or assignees of record of Submit multiple forms if more than one signature is required.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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